



Unemployment Insurance Application Summary

1 General Information

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6 Confirmation

Your application for Unemployment Insurance has not yet been submitted.

Review the information in each section for accuracy. For changes or corrections, select Edit.

You will **not** be able to change your answers once you select Submit.

To complete the application process, select Submit.

*Indicates required field

Applicant InformationEdit

1. Social Security number (SSN) or EDD Client Number (ECN)

1a. Confirm the last 4 digits of your SSN.

8775

1b. Was this Social Security number issued to you or issued on your behalf by the Social Security Administration?

Yes

2. If you have used any other Social Security numbers, list them.

3. Date of Birth

01/29/1970

4. Gender

Male

5. Applicant Name

First Name: Eric
Middle Initial:
Last Name: Hansen

6. Is this the name that appears on your Social Security card?

Yes

7. If you have used any other names, list them.

Driver License or ID Card InformationEdit

1. Do you have a state issued Driver License or ID card?

Yes

1a. Select the issuing state or entity.

CA - California

1b. Enter Driver License or ID card number.

a1264887

Prior Claim InformationEdit

1. Between 03/20/2018 - 03/19/2020 did you file a claim(s), reopen a claim(s), or collect benefits under the Unemployment Insurance (UI), Disability Insurance (DI) or Paid Family Leave (PFL) program(s)?

No

Contact InformationEdit

1. What is your mailing address?

Location: United States
Number, Street, and Apartment/Unit or PO Box Number: 551 W PUEBLO 2
City: SANTA BARBARA
State: CA - California
ZIP Code: 93105

2. Is your residence address the same as your mailing address?

Yes

3. If you do not live in California, select the name of the county or county-equivalent (for example, parish, borough, census area, independent city, etc.) where you live.

4. Phone Number

8056375660

4a. Phone Type

Cell Phone

Citizenship InformationEdit

1. Are you a U.S. Citizen or National?

Yes

Statistical InformationEdit

1. Education

High School Diploma/GED

2. Are you a Veteran?

No

3. What race or ethnic group do you identify with?

White, not Hispanic

4. Do you have a disability?

No

5. Preferred spoken/written language?

Spoken Language: English
Written Language: English

Last EmployerEdit

Employer Name	Employer Mailing Address	Employer Physical Address
Fish Food Ilc Wahoos	1304 Ucen rd Goleta, CA 93117 Phone Number: 8056852582	1304 Ucen rd Goleta, CA 93117 Phone Number: 8056852582

Last Employer InformationEdit

1. What is the first and last name of your immediate supervisor?

Jeff Lauer

2. Last Date Worked

03/06/2020

3. Reason No Longer Working.

Important!
Your last employer will be contacted to verify the reason you are no longer working. Providing false information is considered fraud and may result in penalties.
Separation Category: Laid Off/No Work
Separation Explanation: Reduction in workforce

4. If you received, or if you expect to receive, any payments from your very last employer or any other employer other than your regular wages, report the payment below.

	Amount	From Date	To Date
4a. Holiday Pay			
4b. Vacation Pay			
4c. Severance Pay			
4d. In-Lieu-Of-Notice Pay			
4e. Other Pay	516.23	08/12/2017	03/06/2020
4e.1. Explain Other Pay.	Sick Pay 51 Hours over 2 years		

Add Employment InformationEdit

1. Did you work for any employer from 10/01/2018 to 12/31/2019?

No

Employment HistoryEdit

1. From 10/01/2018 to 12/31/2019, did you work for any other employers not listed above?

No

2. From 10/01/2018 to today, which employer did you work for the longest?

Fish Food Ilc

2a. How long did you work for that employer?

Years: 3
Months: 6

2b. Select the industry that best describes this employer.

Private Employer

2c. What type of business did that employer operate? (For example: retail furniture sales, legal services, software manufacturing, road construction, etc.)

Eating and Drinking Establishments

2d. What kind of work did you do for that employer?

CASHIER (food svc)

School Employee InformationEdit

1. Did you work for or provide services to or on behalf of any educational institution between 10/01/2018 to today?

No

Availability InformationEdit

1. What type of work do you normally perform?

CASHIER (food svc)

2. What other type of work can you perform?

COOK

3. Is the type of work you normally perform seasonal?

No

4. Do you expect to return to work for a former employer?

No

5. Do you have a date to start work?

No

6. Are you ready and willing to accept work that matches your work skills and educational background? (Example: If offered a job, would you be able to accept it?)

Yes

7. Are you currently self-employed (have your own business or work as an independent contractor) or plan to become self-employed?

No

8. Are you a member of a union or a non-union trade association?

No

Additional InformationEdit

1. Are you receiving, or will you receive within the next two weeks, a pension or retirement that is not Social Security or Railroad Retirement, which is based on your own work or wages?

No

2. Are you receiving or do you expect to receive workers' compensation?

No

3. Are you currently attending or have a scheduled start date to attend school or training?

No

4. Are you now or have you been in the last 18 months an officer of a corporation, officer of a union, or the sole or major stockholder of a corporation?

No

5. Did you serve as elected public official or Governor-exempt appointee in the last 18 months?

No

Disaster InformationEdit

1. Are you unemployed as a direct result of a recent disaster (for example: earthquake, flood, mudslide, or fire) in California?

Yes

1a. Select the type of disaster.

Public Health

1b. At the time of the disaster, in which county did you reside?

Santa Barbara County

1c. At the time of the disaster, in which county did you work?

Santa Barbara County

1d. At the time of the disaster, was your unemployment caused by your need to travel through a disaster county?

No

1e. Select the option that best applies to you.

Unemployed Worker

1e.1. How many hours did you work per week prior to the disaster?

25

1e.2. Explain briefly how the disaster affected your ability to continue or begin your self-employment.

1e.3. What is the physical address of your business?

Number and Street:
City:
State:
ZIP Code:

Previous

Save as Draft

Cancel

Submit